

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

 ATTORNEY'S DOCKET
 PU4757USw

 First Names Inventor:
 DICKERSON et al

 Complete if known:
 App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
 () Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22719 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1.60/397,947	07/23/2002	
2.		
3.		

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DECLARATION FOR "371" APPLICATION

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to Customer Number <u>23347</u>	Direct Telephone Calls to: Amy H. Fix 919-483-8911
23347	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR DICKERSON	FAMILY NAME <i>Scott Howard Dickerson</i>	FIRST GIVEN NAME <u>Scott</u>	SECOND GIVEN NAME/INITIAL <u>Howard</u>
	INVENTOR'S SIGNATURE	Signature: <i>Scott Howard Dickerson</i>		
0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY <u>NC</u>	COUNTRY OF CITIZENSHIP <u>US</u>
1	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR GARRIDO	FAMILY NAME <i>Dulce</i>	FIRST GIVEN NAME <u>Dulce</u>	SECOND GIVEN NAME/INITIAL <u>Maria</u>
	INVENTOR'S SIGNATURE	Signature: <i>Dulce</i>		
0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY <u>NC</u>	COUNTRY OF CITIZENSHIP <u>CN</u>
2	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR MILLS	FAMILY NAME <i>Wendy</i>	FIRST GIVEN NAME <u>Wendy</u>	SECOND GIVEN NAME/INITIAL <u>Yoon</u>
	INVENTOR'S SIGNATURE	Signature: <i>Wendy</i>		
0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY <u>NC</u>	COUNTRY OF CITIZENSHIP <u>US</u>
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20 JAN 2005

2	FULL NAME OF INVENTOR KANO	FAMILY NAME Signature	FIRST GIVEN NAME Kazuya	SECOND GIVEN NAME/INITIAL Date:
0	RESIDENCE & CITIZENSHIP Tsukuba-shi	CITY JP	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
4	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR PEAT	FAMILY NAME Signature	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James Date:
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR THOMSON	FAMILY NAME Signature	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew Date:
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2	FULL NAME OF INVENTOR WILSON	FAMILY NAME Signature	FIRST GIVEN NAME Jayme	SECOND GIVEN NAME/INITIAL Lyn, Roark Date: 9/5/03
0	RESIDENCE & CITIZENSHIP Durham	CITY NC	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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2	FULL NAME OF INVENTOR ZHOU	FAMILY NAME Signature	FIRST GIVEN NAME Hui-Qiang	SECOND GIVEN NAME/INITIAL Q Date:
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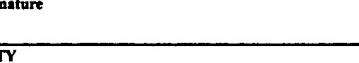
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Amy H. Fix
919-483-8911**23347**

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	INVENTOR'S SIGNATURE 	Signature 		
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2	FULL NAME OF INVENTOR GARRIDO	FAMILY NAME GARRIDO	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria
	INVENTOR'S SIGNATURE 	Signature 		
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2	FULL NAME OF INVENTOR MILLS	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon
	INVENTOR'S SIGNATURE 	Signature 		
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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	INVENTOR'S SIGNATURE Signature			Date:
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2	FULL NAME OF INVENTOR ZHOU	FAMILY NAME ZHOU	FIRST GIVEN NAME Hui-Qiang HUIQIANG	SECOND GIVEN NAME/INITIAL Q
	INVENTOR'S SIGNATURE <i>Hui-Qiang Zhou</i>			Date: <i>9/9/03</i>
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2	FULL NAME OF INVENTOR MILLS	FAMILY NAME MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon
	INVENTOR'S SIGNATURE <i>Wendy J. Mills</i>	Signature		
0	RESIDENCE & CITIZENSHIP Durham	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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0	INVENTOR'S SIGNATURE			
RESIDENCE & CITIZENSHIP	CITY Tsukuba-shi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP	
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0	INVENTOR'S SIGNATURE			
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0	INVENTOR'S SIGNATURE			
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2	FULL NAME OF INVENTOR ZHOU	FAMILY NAME Signature	FIRST GIVEN NAME Hui-Qiang	SECOND GIVEN NAME/INITIAL Date: <i>Q</i>
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Amy H. Fix
919-483-8911**23347**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR DICKERSON	FAMILY NAME Signature	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
0	RESIDENCE & CITIZENSHIP Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
1	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2	FULL NAME OF INVENTOR GARRIDO	FIRST GIVEN NAME Signature	SECOND GIVEN NAME/INITIAL Maria	
0	RESIDENCE & CITIZENSHIP Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN	
2	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
2	FULL NAME OF INVENTOR MILLS	FIRST GIVEN NAME Signature	SECOND GIVEN NAME/INITIAL Yoon	
0	RESIDENCE & CITIZENSHIP Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
3	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	

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2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME KANO Signature	FIRST GIVEN NAME Kazuya Kano	SECOND GIVEN NAME/INITIAL Date: 19.9.2003
0	RESIDENCE & CITIZENSHIP	CITY Tsukuba-shi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
4	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME PEAT Signature	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME THOMSON Signature	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME WILSON Signature	FIRST GIVEN NAME Jayme	SECOND GIVEN NAME/INITIAL Lyn, Roark Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	FAMILY NAME ZHOU Signature	FIRST GIVEN NAME Hui-Qiang	SECOND GIVEN NAME/INITIAL Q Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
8	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709 US

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**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

ATTORNEY'S DOCKET PU4757USw
First Names Inventor: DICKERSON et al
<i>Complete if known:</i> App No.:
Filing Date
Group Art Unit:

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PYRAZOLOPYRIMIDINES AS KINASE INHIBITORS

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on July 21, 2003 as United States application Serial No. _____ or PCT International

Application Number PCT/US03/22719 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1.60/397,947	07/23/2002	
2.		
3.		

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ATTORNEY'S DOCKET NUMBER
PU4757USw**COMBINED DECLARATION FOR UTILITY or DESIGN
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Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**STATUS (Check one)**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to **Customer Number 23347**

Direct Telephone Calls to:

Amy H. Fix
919-483-8911**23347**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR DICKERSON	FAMILY NAME Signature	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2	FULL NAME OF INVENTOR GARRIDO	FAMILY NAME Signature	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR MILLS	FAMILY NAME Signature	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon
0	INVENTOR'S SIGNATURE			Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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2	FULL NAME OF INVENTOR KANO	FAMILY NAME KAZUYA	FIRST GIVEN NAME Kazuya	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Tsukuba-shi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
4	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR PEAT	FAMILY NAME Peat	FIRST GIVEN NAME Andrew	SECOND GIVEN NAME/INITIAL James
0	INVENTOR'S SIGNATURE	<i>Andrew J Peat</i>		Date: 9/26/03
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR THOMSON	FAMILY NAME Thomson	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Andrew
0	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
6	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR WILSON	FAMILY NAME Wilson	FIRST GIVEN NAME Jayme	SECOND GIVEN NAME/INITIAL Lyn, Roark
0	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
7	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR ZHOU	FAMILY NAME Zhou	FIRST GIVEN NAME Hui-Qiang	SECOND GIVEN NAME/INITIAL Q
0	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
8	POST OFFICE ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709 US